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DATE: March 1, 2006

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FAX: (571) 273-8300

FROM: Theodore R. West

Direct Dial: (717) 237-5349

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER LETTER: 9

**MESSAGE:**

In re Application No.: 10/788,994, Filed: February 27, 2004  
First Named Inventor: FEDERMAN, et al.  
Docket No.: 20712-0073

**Please deliver to Examiner SMITH, Art Unit 2837**

**FAX NUMBER: (717) 237-5300**

SECRETARY RESPONSIBLE: Terry Reitz

TELEPHONE: (717) 237-5327

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MAR 01 2006

PTO/SB/21 (02-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/788,994
		Filing Date	February 27, 2004
		First Named Inventor	FEDERMAN, et al.
		Art Unit	2837
		Examiner Name	SMITH
Total Number of Pages in This Submission	9	Attorney Docket Number	20712-0073

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Alter Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <b>Request for Continued Examination; Certificate of Facsimile Transmission</b>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	McNees Wallace & Nurick LLC Brian T. Satzahn, Attorney Reg. No. 46,401
Signature	<i>B T Satzahn</i>
Date	March 1, 2006

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Theodore R. West		
Signature	<i>Theodore R. West</i>	#47202	Date March 1, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAR 01 2006

PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1810.00**Complete if Known**

Application Number	10/788,994
Filing Date	February 27, 2004
First Named Inventor	FEDERMAN, et al.
Examiner Name	SMITH
Art Unit	2837
Attorney Docket No.	20712-0073

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-1059 Deposit Account Name: McNees Wallace & Nurick

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2030.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fees Paid (\$)
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- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
--------------	--------------	--	----------	----------------

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Three-Month Extension of Time Request for Continued Exam.**Fees Paid (\$)**

1810

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	46,401	Telephone	(717) 232-8000
Name (Print/Type)	Brian T. Sattizahn			Date	March 1, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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MAR 01 2006

PTO/SB/17 (12-04/2)

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Effective on 12/00/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4181). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b> Application Number: 10/788,994 Filing Date: February 27, 2004 First Named Inventor: FEDERMAN, et al. Examiner Name: SMITH Art Unit: 2837 Attorney Docket No.: 20712-0073	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1810.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1059 Deposit Account Name: McNeess Wallace & Nurick	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	Filing Fees	Small Entity Fee (\$)	Search Fees	Small Entity Fee (\$)	Examination Fees	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	100	50	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	100	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>						<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____						<b>Fee Paid (\$)</b>	<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20							
<b>Index Claims</b>						<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____						<b>Fee Paid (\$)</b>	<b>Fee Paid (\$)</b>
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>						<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>
- 100 = _____ / 50 = _____ (round up to a whole number) x _____						<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): Three-Month Extension of Time; Request for Continued Exam.						<b>Fees Paid (\$)</b>	<b>Fees Paid (\$)</b>
						1810	

<b>SUBMITTED BY</b>			
Signature	<i>B. T. Sattizahn</i>	Registration No. (Attorney/Agent)	48,401
Name (Print/Type)	Brion T. Sattizahn	Telephone (717) 232-8000	
		Date	March 1, 2006

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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PTO/SB/97 (09-04)

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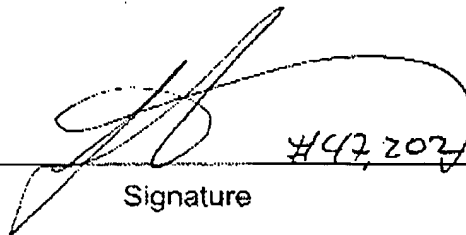
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Transmittal Form (1 page)

Fee Transmittal Form (1 page, in duplicate)

Request for Continued Examination (1 page, in duplicate)

Petition for Extension of Time (1 page, in duplicate)

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